

Public Defender Invoice Voucher

PROPERTY TAX DIVISION ILLINOIS DEPARTMENT OF REVENUE PO BOX 19033 SPRINGFIELD IL 62794-9033

County code: 200000 or FEIN:	Appropriation account code number
County treasurer's name and address	IRS 1099 reporting No
County treasurer's name	
Address	
Address IL_	
City	
Description of Claim	Amount
Reimbursement from the state of Illinois under 55 ILCS 5/3-4007 for 66 salary paid to the public defender in during/	·
Additional reimbursement during/	
Additional reimbursement during/	
EXP. OBJ. Total expense amount 4471	Total amount
County Treasurer's Certification I certify that the amount of the claim described on this voucher is 66 2/3 percent of the salary paid to the public defender in	Public Defender's' Certification I certify that the amount of the claim described on this voucher is 66 2/3 percent of the salary which was paid to me for service as the public defender in
County	County
during/	during/
County treasurer's signature	Public defender's signature
Month Day Year	///